

FORM 941A-ME

MAINE REVENUE SERVICES

AMENDED RETURN
OF MAINE INCOME TAX WITHHOLDING

99

1306320

Period Covered: 99 99 2015 to 99 99 2015
MM DD YYYY MM DD YYYY

Withholding Account Number: 99 999999999

1.	Withholding originally reported for the quarter \$	99999999	99
2.	Correct withholding for the quarter \$	99999999	99
3.	Amount of adjustment (+ or -) (see instructions) ... \$	99999999	99
4.	Underpayment to be paid (line 3 amount is negative) . \$	99999999	99
5.	Overpayment to be refunded (line 3 amount is positive)... \$	99999999	99

If this form is received after the end of the calendar year to which it applies, check each box below that applies, include a detailed explanation of the adjustments on line 6 and attach any supporting documentation to this return.

- ☒ I certify that the overpayment on line 5 is not attributable to income taxes withheld from employees or payees.
- ☒ I certify that payee statements (Forms W-2/W-2C or original/corrected 1099 statements) have been issued to employee(s) or payee(s) included on Schedule 2A of Form 941A-ME, and I am enclosing copies of these forms to verify my refund request.
- ☒ I am enclosing an amended Form W-3ME (Reconciliation of Maine Income Tax Withheld) to reflect changes made on this form.

6. Explanation of adjustments:

Note: Pursuant to 36 M.R.S. § 5276, if there is an overpayment of tax required to be deducted and withheld under § 5250, a refund shall be made to the employer only to the extent that the overpayment was not deducted and withheld by the employer.

Under penalties of perjury, I certify that the information contained on this return and attachment(s) is true and correct, and that portion of overpayment identified on line 5 attributable to overcollected income tax withholding for the current calendar year has been repaid to employees and written statements have been obtained from each employee stating that the employee has not claimed and will not claim a refund or credit of the amount of the overcollection.

Signature: _____ Title: _____ Date: _____

Print Name: _____ Telephone: _____ Contact Person Email: _____

For Paid Preparers Only

Paid Preparer's Signature: _____ Date: _____ Telephone: _____

Firm's Name (or yours, if self-employed): _____ Paid Preparer EIN: 99 9999999

Address: _____ Maine Payroll Processor License Number: 999999999



If enclosing a check, make check payable to:
Treasurer, State of Maine
and MAIL WITH RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065

If not enclosing a check,
MAIL RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1064
AUGUSTA, ME 04332-1064

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SCHEDULE 2A (FORM 941A - ME) 2015

99

1306302

Name:XXXXXXXXXXXXXXXXXXXX

Withholding Account No.:99 999999999

Period Covered:

99 992015MMDDYYYY

99 992015MMDDYYYY

INDIVIDUAL EMPLOYEE / PAYEE WITHHOLDING CORRECTIONS

A	B	C	D
Payee Name (Last, First, MI)	Social Security Number	Originally Reported Withholding	Correct Withholding
a.	999 99 9999	999999 . 99	999999 . 99
b.	999 99 9999	999999 . 99	999999 . 99
c.	999 99 9999	999999 . 99	999999 . 99
d.	999 99 9999	999999 . 99	999999 . 99
e.	999 99 9999	999999 . 99	999999 . 99
f.	999 99 9999	999999 . 99	999999 . 99
g.	999 99 9999	999999 . 99	999999 . 99
h.	999 99 9999	999999 . 99	999999 . 99
i.	999 99 9999	999999 . 99	999999 . 99
j.	999 99 9999	999999 . 99	999999 . 99
k.	999 99 9999	999999 . 99	999999 . 99
l.	999 99 9999	999999 . 99	999999 . 99
m.	999 99 9999	999999 . 99	999999 . 99
n.	999 99 9999	999999 . 99	999999 . 99
o.	999 99 9999	999999 . 99	999999 . 99
p.	999 99 9999	999999 . 99	999999 . 99
q.	999 99 9999	999999 . 99	999999 . 99
r.	999 99 9999	999999 . 99	999999 . 99
s.	999 99 9999	999999 . 99	999999 . 99
t.	999 99 9999	999999 . 99	999999 . 99
u.	999 99 9999	999999 . 99	999999 . 99

1. Total of columns C and D on this page.....1a. \$99999999 . 991b. \$99999999 . 99

Total of columns C and D for ALL pages2a. \$99999999 . 992b. \$99999999 . 99